

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101 581.029

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5	1		1			
6		5		1		
7		5		1		
8		5		1		
9		5		1		
10		5		1		
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12		5		1		
13		5		1		
14		5		1		
15		5		1		
16		5		1		
17		5		1		
18		5		1		
19		①		1		
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24		4		1		
25				1		
26				1		
27				1		
28				1		
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42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4		4			
TOTAL DEP.	75	◀	24	◀		
TOTAL CLAIMS	79	[REDACTED]	28	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					◀	
TOTAL DEP.					◀	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		